IPDR6702				NORTH CAROLINA		PA	GE: 1	
RUN DATE	: 04/24/2005			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 04/28/2005		<del>                                     </del>		
				FINANCIAL PAYER: NCDMH		<b>-</b>		
				I IMMOTAL PAIDA, NOUMA		<del> </del>		
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	848	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		8931	224	AMTNC INELIGIBLE TO RECEIVE SE	327	1657	1873	216
				RVICES IN IPRS.	321	1037	10/3	210
		8505	135	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904		8505	5504	CLAIM DENIED DUE TO INSUFFICIE				
3404904	WESTERN HIGHLAN	0303	3304	NT BUDGET				
	DS LME			11 202021				
		143	17	CLIENT ID NUMBER NOT ON STATE	0	5537	5566	29
				ELIGIBILITY FILE		2337	2300	
_								
-		8800	16	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
			1	FUTURE RA'S.		ļ		
3404905		0	0	*** NO DATA TO REPORT ***				
J-1049UD	TREND COMM MENT	U	·	NO DATA TO REPORT ***				
	AL HLTH CTR		+			<del>                                     </del>		
			1	+		<del>                                     </del>		
		0	0		n	n	0	n
			1			ľ	Ů	
3404910	PATHWAYS	8599	351	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		2222	1.55	OVER THE PROPERTY OF THE PROPE				
		8329	165	CLAIM DENIED ATTENDING PROVIDE	4	952	4243	3286
				R CANNOT BE THE SAME AS THE LMA				
				Inc DMA				
		8505	110	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404912	CATAWBA COUNTYM	11	271	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		2522	20	DESCRIPTION OF COMPANY				
		8599	80	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	1	417	1644	1227
			1	BENEFIT PACKAGE.				
			1	1 1 1		<del>                                     </del>		
		8505	65	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913	MECKLENBURG COM	21	5465	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT		1			ļ		
			1					
		11	3528	CLIENT NOT ELIGIBLE ON SERVICE		12643		1000
	+		1	DATE	1216	12643	14374	1731
			+					
		8329	957	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
-				THE LMA			-	
2404077		0505	20.5	27.7.7.4				
3404916	CROSSROADS BEHA	8505	306	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL		1	NT BUDGET				
			1			-		
		21	186	DUPLICATE OF CLAIM-SYSTEM	3	505	1641	1136
			1		3	505	1641	1136
			+	+		<del> </del>		
			+					
		8599	6	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		1		1				

		1			1	1	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	11	1918	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		nene	003	CLAIM DENIED DUE TO INSUFFICIE				
		8505	883	NT BUDGET	31	4062	4517	455
				11 100011				
		21	797	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M	8505	34	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	27	DETAIL NOT COVERED BY COMBINAT	24	122	1135	1013
				ION OF RECIPIENT, PROVIDER AND	24	122	1133	1013
				BENEFIT PACKAGE.				
		8935	19	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
2404010		0505	1055	OTATM DENTED DUE NO TWO PROTESTS	ļ	ļ		
3404919	GUILFORD CO MEN	8505	1055	CLAIM DENIED DUE TO INSUFFICIE	1			
	TAL HEALTHC	1	-	NT BUDGET	-	<del>                                     </del>		<b>—</b>
		+			<del> </del>	<del> </del>		-
		8599	268	DETAIL NOT COVERED BY COMBINAT	34	1652	8336	6684
		1		ION OF RECIPIENT, PROVIDER AND	34	1032	0330	0004
				BENEFIT PACKAGE.				
		21	102	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	8505	3260	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L AREA MH D			NI BUDGEI				
		8800	212	FURTHER PROCESSING NECESSARY,	15	4014	6832	2818
				PLEASE CHECK FOR CLAIM ON		1011	0032	2010
				FUTURE RA'S.				
		10	186	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404921		5210	2690	PRIOR AUTHORIZED DOLLARS EXCEE				
3404921	ORANGE PERSON C	5312	2690	DED				
	HATHAM AREA			NA P				
		8505	1062	CLAIM DENIED DUE TO INSUFFICIE	24	4707	6589	1882
				NT BUDGET				
		8599	435	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND	ļ	ļ		
		1	-	BENEFIT PACKAGE.	-	<del>                                     </del>		<b>—</b>
3404922	mun pupuam anum	11	985	CLIENT NOT ELIGIBLE ON SERVICE	-	-		<del>                                     </del>
	THE DURHAM CENT ER	+-		DATE	<del> </del>	<del>                                     </del>		<del>                                     </del>
	ada h	+			<b> </b>	<b> </b>		<del>                                     </del>
		1			1			
		21	484	DUPLICATE OF CLAIM-SYSTEM	0	2082	4176	2094
		1						
	1		<u> </u>					
		8599	364	DETAIL NOT COVERED BY COMBINAT				<u> </u>
		1		ION OF RECIPIENT, PROVIDER AND	ļ	ļ		<b></b>
		1	-	BENEFIT PACKAGE.	-	<del>                                     </del>		<b>—</b>
3404923	HORN AND ATTORNO	8505	179	CLAIM DENIED DUE TO INSUFFICIE	<del> </del>	<del> </del>		-
	VGFW AREA AUTHO RITY	1	1.5	NT BUDGET	<del> </del>	<del>                                     </del>		<del>                                     </del>
		1						<del>                                     </del>
		1		1				1
		8599	59	DETAIL NOT COVERED BY COMBINAT	0	282	2723	2441
		<u> </u>	<u> </u>	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
					-			
		8800	32	FURTHER PROCESSING NECESSARY,				
		1		PLEASE CHECK FOR CLAIM ON	ļ	ļ		
	1	+		FUTURE RA'S.	1	+		
	1	1	1			1	1	1

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	3989	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		21	222	DUPLICATE OF CLAIM-SYSTEM	71	5011	9679	4668
		8599	216	DETAIL NOT COVERED BY COMBINAT				
		8599	216	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926		21	2279	DUPLICATE OF CLAIM-SYSTEM				
3404920	SOUTHEASTERN RE G MENTAL HL	21	2213	DOFFICATE OF CHAIN-SISIEM				
		8931	1827	AMTNC INELIGIBLE TO RECEIVE SE	3173	9014	13844	4830
				RVICES IN IPRS.	3273	3014	13014	1030
		8935	1196	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404927	CUMBERLAND CO M	8505	514	CLAIM DENIED DUE TO INSUFFICIE				
-	HC			NT BUDGET			_	
	+	-						
		8800	153	FURTHER PROCESSING NECESSARY,	2	854	2501	1647
	_			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE RA 3.				
		8599	108	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	21	41	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		11	41	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	115	304	189
				DATE				
		5404	20	SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD				
2404020		0505	22	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	22	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	14114							
		21	1	DUPLICATE OF CLAIM-SYSTEM				
		2.1	-	DOLLARIS OF CHILIN OFFICE	0	23	155	132
3404931	WAKE CO HUM SVC	21	1064	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		27	853	DIAGNOSIS CODE MISSING OR INVA	397	3682	21971	18289
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
	+	8599	606	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+	-		DEWEETT PACKAGE.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	11	93	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		23	41	SERVICE REQUIRES PRIOR APPROVA	0	139	291	152
	-			L				
		8505	4	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				1

				T	1	I	moma v	momax
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8800	197	FURTHER PROCESSING NECESSARY,				
	EHAVIORAL H			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8505	196	CLAIM DENIED DUE TO INSUFFICIE	0	463	995	532
				NT BUDGET				
		8599	47	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
3404935		0	0	*** NO DATA TO REPORT ***				
3404933	WAYNE CO MENTAL HEALTH CTR	·	0	NO DAIN TO REPORT				
	HEALTH CTR							
		0	0		0	0	0	
					0			-
3404936	WILSON-GREENE M	8931	8	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8932	7	CMTNC INELIGIBLE TO RECEIVE SE	15	25	674	649
				RVICES IN IPRS.				
		21	4	DUPLICATE OF CLAIM-SYSTEM				
			_					
			_					
3404937	EDGECOMBE NASH	8505	859	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				<b></b>
	MNTL HLTH C			NT BUDGET				
		2222	0.50	BURNUN PROGRAMMA MRANAMAN				
		8800	262	FURTHER PROCESSING NECESSARY,	0	1164	2008	844
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	19	DUPLICATE OF CLAIM-SYSTEM				
		21	19	DUPLICATE OF CLAIM-SISIEM				
3404938	HARL DES DEHERS	8622	14	60 RESIDENTIAL LEVEL II TREATM				
3404930	VGFW DBA RIVERS	0022	14	ENT RECEIVED, PA IS REQUIRED				
	TONE COUNSE			FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE			503	477
			-	RVICES IN IPRS.	ь	24	501	477
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404939	NEUSE MENTAL HE	21	100	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
			1					
		27	77	DIAGNOSIS CODE MISSING OR INVA	3	397	3847	3450
				LID. VERIFY AND ENTER THE		-27	2347	2.50
				CORRECT DIAGNOSIS CODE AND SUB				
		120	76	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404941	PITT CO MH/DD/S	11	136	CLIENT NOT ELIGIBLE ON SERVICE				
	AS CENTER		_	DATE				
			1					
		8599	107	DETAIL NOT COVERED BY COMBINAT	12	316	1523	1207
			ļ	ION OF RECIPIENT, PROVIDER AND				
		1	<b></b>	BENEFIT PACKAGE.				<u> </u>
		142	20	OTTENS TO MUNDED NOS ON OSTOS				<u> </u>
		143	20	CLIENT ID NUMBER NOT ON STATE				
		1	<b></b>	ELIGIBILITY FILE				<u> </u>
		-	1				<del> </del>	
3404942		21	28	DUPLICATE OF CLAIM-SYSTEM				<del></del>
3404942	ROANOKE CHOWANH	21	28	DOILITORIE OF CHAIM-SISIEM			<b></b>	
	UMAN SERVIC	1	-				<u> </u>	
		1	<b></b>					<u> </u>
		0500	10	OVANIA DENIANDA AMBRIDANIA				
		8522	18	CLAIM DENIED, ATTENDING PROVID	18	83	1428	1345
				ER CANCELLED.				
		1	<b></b>					<u> </u>
		0021	1.5	NAME OF THE PROPERTY OF THE PR				<u> </u>
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE			ĺ	1
				RVICES IN IPRS.				
				RVICES IN IPRS.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8505	211	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8800	61	FURTHER PROCESSING NECESSARY,	20	398	1330	704
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	36	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	8505	470	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8599	63	DETAIL NOT COVERED BY COMBINAT	32	612	2064	1452
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8622	24	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404946	FOOTHILLS AREAM	5404	3	SEVERE DUPLICATE: SAME ATTD PR				
	ENTAL HEALT			OV/PCODE/TOS/DOS/MOD				
		8599	2	DETAIL NOT COVERED BY COMBINAT	0	5	162	157
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL	8599	177	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	19	AMTNC INELIGIBLE TO RECEIVE SE	36	267	2011	1744
				RVICES IN IPRS.				
	1	537	16	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
	1	1						
	1	1						
3404979	NEW RIVER AREAM	8599	375	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO		1	ION OF RECIPIENT, PROVIDER AND		<u> </u>	<u> </u>	1
	,	1		BENEFIT PACKAGE.				
	1		1			<u> </u>		1
	1	8505	335	CLAIM DENIED DUE TO INSUFFICIE	117	959	6579	5620
	+		1	NT BUDGET	11/	939	65/9	3020
	+	+						-
	+	+						-
	+	8931	103	AMTNC INELIGIBLE TO RECEIVE SE		1	<b>I</b>	-
	+		1			<del> </del>	<del>                                     </del>	
			1	RVICES IN IPRS.				